



Project Application

(for loans \$10,000 to \$99,999)

City of Fairfax

Renaissance Housing Corporation

in partnership with MainStreet Bank

0% Interest Rate Home Improvement Loan Program

Name _____

Address _____

Telephone Number (Daytime) _____

Current Address _____

(If different from above)

Age of home _____ (Must be 10+ years old) Is the home more than 30 years old? Y N

Style of home _____ (Cape Cod, Rambler, Split-Level, etc.)

How many bedrooms does your home currently have? _____

Amount you desire to borrow _____ (\$10,000 min \$99,999 max)

Description of proposed home improvement project:

(Attach an additional sheet if necessary)

Does your home currently have:

Master bedroom with bath	Y	N	Family Room	Y	N
Modern heating and cooling	Y	N	More than one Bath	Y	N
Large Kitchen	Y	N	Walk-in Closets	Y	N
Modern Appliances	Y	N	Garage/Carport	Y	N

Was your home recently a rental or group home? Y N

Does your home have worn or unsafe electrical/wiring? Y N

Does your home have exterior signs of wear? Please describe: _____

Does your home have interior deterioration? Please describe: _____

The following items are required as part of your home improvement project application: (all application materials are non-returnable including photographs) *Continued on the next page*

- Proof of home ownership – copy of a tax record, deed, *or* purchase contract.
- Photograph(s) of existing structure – include front and all areas that will be affected by construction
- House location survey or plat of property with the dimensions of house, proposed additions, and scale of dimensions clearly shown.

- Distances from additions to lot lines clearly shown on the plat.
- Drawing(s) showing changes to lot grading and architectural elevations of all proposed improvements.
- Detailed estimated budget for project. Written estimates or contracts from contractors.
- Estimated timeline for construction and completion.
- \$50 application fee, made out to the FRHC (**non-refundable**)

Note: Missing or incomplete information may cause a delay or rejection of your application.

* Please initial the items below to indicate you understand and accept these requirements as part of your involvement in the FRHC program.

- Improvements must be completed within **eighteen (18) months** of the loan closing date in order to avoid an interest reimbursement to FRHC. *Applicant initial(s):* _____
- Completion requires inspection by the FRHC and final inspection/permits passed by the City of Fairfax building officials (if required). *Applicant initial(s):* _____
- Program participants must provide the FRHC with quarterly project status reports or risk default. *Applicant initial(s):* _____
- The home must remain owner-occupied and cannot be sold for at least **thirty six (36) months** after the loan closing date in order to avoid an interest reimbursement to FRHC. *Applicant initial(s):* _____
- Both the project and the loan must be approved before any work may start. *Applicant initial:* _____
- Loan proceeds may not be used to pay off or pay down loans made prior to FRHC loan closing date. *Applicant initial(s):* _____
- During the renovation process, the FRHC has the right to post a sign in the front yard of the property and to inspect/photograph the project property at any time. *Applicant initial(s):* _____
- Approval is subject to availability of funds. The FRHC reserves the right to amend or modify the application and or program guidelines or procedures without further notice. *Applicant initial(s):* _____
- Your home will be toured on the scheduled FRHC meeting date as part off the application review process. *Applicant initial(s):* _____
- This program is NOT associated with the City of Fairfax Tax Abatement program. *Applicant initial(s):* _____

Submit completed application to:

Tina Gillian
City of Fairfax, City Hall
Room 207A
10455 Armstrong St.
Fairfax VA 22030

Or mail to:
FRHC
PO Box 3178
Fairfax VA 22038

Questions may be directed to:

Tina Gillian	Or	Chris Johnston
Executive Director		MainStreet Bank
FRHC		10089 Fairfax Boulevard
City of Fairfax		703.481.4594
703.385.2494		sjohnston@mstreetbank.com
tina.gillian@fairfaxva.gov		

Applicant(s) Signature(s)

_____ Date _____

_____ Date _____